

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Michael R. Pence
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Optometric Legend Drug Certification Renewal Form

Your optometric legend drug certification in the state of Indiana expires on April 1, 2016. Renew online at www.pla.in.gov with your primary optometrist license or send this form with the renewal fee of \$20 to the address above, allowing 4 weeks for processing. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after 4/1/2016 you must include a \$50 late fee. If you answer 'Yes' to question 1-5 below, send a detailed statement regarding the response with your renewal form.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Licensee Name	License Number	Expiration Date	Renewal Fee \$20
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS	
1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?	Yes No
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Yes No
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	Yes No
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?	Yes No
5. Since you last renewed have you been denied staff membership or privileges in any hospital or clinic or, have staff membership or privileges been revoked, suspended or subjected to any restriction, probation, or other type of discipline or limitations- or have you resigned in lieu of discipline or termination?	Yes No

LICENSEE AFFIRMATION	
I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal, understand the Indiana Optometry Board statutes and rules, and have answered the questions true to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov. If you have any questions for the Indiana Optometry Board please email pla14@pla.in.gov or call 317-234-8800.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date